

# Riverview Psychiatric Center

Executive Leadership  
Date: February 7, 2007

## Committee Members Present:

David Proffitt, Superintendent	
√ William Nelson, Medical Director	√ Angie Newhouse, Staff Development Director
Lauret Crommett, Nursing Director	Terry O'Neal, Admission Coordinator
√ Bob Patnaude, Safety Director	√ Lucia Nadeau, Personnel Officer
√ Barbara Sylvester-Pellett, CPI Director/Risk Management	√ Stephanie George-Roy, Director of Social Work
√ Brian Daskivich, Deputy Superintendent/Programs	√ Jamie Morrill, Deputy Superintendent/Administrative Ser.
√ Teresa Mayo, Psychology Director	
√ Tina Libby, Rehabilitation Services Director	Holly Dixon, Peer Support Coordinator

## Guests:

**Minute Recorder:** Charlotte Lalime

**Next Meeting:** February 21, 2007

**Minutes Approved:**

TOPIC	DISCUSSION	ACTION PLAN	PERSON RESPONSIBLE
Review of Minutes		Approved	C. Lalime
Safety Committee	<p>Bob reports that he has been checking for moisture content in the sheetrock since the incident on Upper Kennebec. A client broke a sprinkler head resulting in water damage. Staff worked quickly and well to do what needed to be done. The Infection Control nurse is in agreement with the assessment.</p> <p>Bob explains that he has been asked to look at fixtures in rooms and compare against federal guidelines and is in the process of this assessment.</p>	<p>Dave would like an ongoing assessment of hanging risks in the hospital.</p> <p>Informational</p>	B, Patnaude
Infection Control	<p>Bill, Lauret and BJ will meet to discuss the Infection Control Manual</p> <p>Jamie adds that we also need to think about stockpiling critical disaster supplies.</p>	<p>Add to next agenda</p> <p>Noted</p>	

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<b>Clinical Leaders</b>	Administrative rounds began this week on Tuesday and Thursday with the clinical leaders. Each unit every month. We are currently in our 4 <sup>th</sup> week of eliminating free times as we continue to change our practice of smoke breaks	Informational	
<b>Labor Management</b>	Met with AFSCME and a lack of communication was theme. Complaints of information not getting to the lower staff level.. Assured them that this will be corrected. Meeting every two weeks. Agenda items- for policy, stipend. LS trained staff will be getting stipend next week. .	Informational	
<b>Staff Email</b>	Installing email address for remaining 30 employees. Cleaning out the emails remains a concern.	Supervisors will be responsible for their own staff cleaning out their emails.	Supervisors
<b>Behavior Response Committee</b>	Committee questions if this group want them to maintain the 3 holds as Riverview specific.  David states that we should be focusing on trends seen that result in staff injuries.	Discuss at next Committee Meeting	L. Crommett
<b>Medical Director Update</b>	In the process of reorganizing the Out Patient Clinic and Admission Office. A nurse practitioner has been hired to complete admissions. This will allow the Medical Staff to remain on the unit.	Informational	
<b>Nursing Leadership</b>	L. Crommett states she is working on Accudose machine training for all RNs, is ¾ complete. Will check competencies when training complete. Going to daily MARs, and will be presenting to med nurses tomorrow. This will provide better care.  L. Crommett also states she is organizing unit supervision.	Complete Accudose machine training.  Ongoing	L. Crommett  L. Crommett

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	Hospital goal is restraint events lasting less than an hour.	L. Crommett and Dr. Nelson will review when events last more than an hour.	L. Crommett Dr. Nelson
<b>Quality Council</b>	Will be meeting tomorrow at 11:00.  B. Sylvester-Pellett distributed the Performance Improvement Report for the 2 <sup>nd</sup> quarter (Oct., Nov., and Dec. 1006) for the Committee's review.	Noted  Informational	
<b>Policy and Procedure Committee</b>	Working on reviewing function PC and RI policies. Policies need to be controlled tightly.	Ongoing Work with staff on accessing policies on line.	R. Moores
<b>P&amp;T Committee</b>	Senior managers having z presentation by McKesson at 1:00.  Medical Staff report concerns about food and diet issues. Dr. Criss and Dr. Nelson have met and will be presenting a more formal request.	Noted  W. Nelson to present a more formal request.	W. Nelson
<b>Policy Review</b>	PC.7.10.1 Diet orders  PC.5.50 Psychiatric Emergencies  PC 9.30.1 Emergency Response (Code 99, Medical Stat)- send to Safety Committee for review and Dave asks for a change in codes.  RI.2.130.3 Client Property  R.2.70 Administrative Due Process Hearing	Approved  Approved  To be reviewed by the Safety Committee.  Approved  Approved	

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	Removal of Patient Sale Policy, RI.150, from Policy Manual	Approved	
<b>Hand dryers</b>	Two hand dryers have been installed on Lower Saco for staff use.	Noted	
<b>Forensic Stipend</b>	L. Nadeau reports no change with the Forensic Stipend request. Also no new changes in the Class Action suit regarding church attendance with clients.	Ongoing Ongoing	L. Nadeau L. Nadeau
<b>Staff Injuries</b>	S. O. – injured in interaction with client. Client threatened to cut her self if she was not allowed to take her headphones outside. Client not approached in correct way. Perhaps if she had been, it would have stopped the escalation.	Lauret will work with staff on correct approach and do critical self-review. Resolved.	L. Crommett
	Staff moved chart rack and jammed finger. Staff states that if she had been more cautious, the incident may not have happened.	Resolved	L. Crommett
<b>Budget</b>			
<b>Clinical Risk Management</b>	BJ Sylvester-Pellett reports that this committee has met and that Dr. Sena has joined the group.	Informational	BJ Sylvester-Pellett
	David questioned the feasibility of combining the Safety Committee with the Clinical Risk Management Committee.	BJ Sylvester-Pellett will present a transition Plan for combining these two	BJ Sylvester-Pellett

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		committees at next meeting. Add to 2/21/07 agenda.	
<b>Staff Development Update</b>	Language Access training is a Federally mandated training that all staff must attend. It is being offered on 2/8 and 2/26. Meryl Troop will be coming in March to do a Train the Trainer so we can continue the training and keep new staff trained. Tobacco Skill Intervention training is scheduled for 2/27. We have 33 identified staff to attend that training.	Informational	A. Newhouse
	Managing in State Government is schedule for 3/14 and 3/15. Angie will send out schedule of events a few weeks before training.	Informational	A. Newhouse
	Unit plan completed on therapeutic language. Any staff that has supervisory capacity may refer staff to this training. Length is 1 hour. Angie will try and do one-on-one's but may decide to hold the training in groups, depending on the need.	Informational	A. Newhouse
<b>Human Rights</b>	No meeting.		
<b>Quality Improvement Teams</b>	BJ Sylvester-Pellett would like to request a PIT to review the National Safety Goals.	Noted	
<b>Activities for level 3 clients</b>	Regarding supervision meetings, Dr. Mayo has a weekly staff meeting, a weekly group supervision meeting, as well as individual weekly meetings with the psychologists.	Informational	
	Level 3 clients need to have staff with them to go to treatment mall. Dave suggests monitoring this. NODs will monitor 3-11 shifts.	Noted	

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	<p>Need to make sure clients are signed in and out to keep a safe environment.</p> <p>Rather than monitoring level IV clients, Tina will monitor the area.</p> <p>Dave would like to see NODs do more then checking and be aware of the coaching mentoring possibility this presents. Would like to see this on his monthly report to actually track over time.</p>	Noted	
<b>Plan for Department Supervision</b>	<p>Lauret – implemented monitoring and set schedule, meet with nurse IVs as a group.</p> <p>Dr. Nelson has scheduled all Med Staff and others for monthly meetings and twice a month will do group supervision.</p> <p>Tina – has new organizational chart. Reorganized staff. Will be meeting as a whole a month.</p> <p>Clinical Care Managers meet weekly. Biweekly with all staff for individual supervision.</p> <p>Brian holds group meeting weekly.</p> <p>Holly reports holding biweekly staff meetings.</p>	<p>Report on this next week</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	
<b>Wellness and ADON position</b>	Place on agenda in 2 weeks.		
<b>Comprehensive Service Plan</b>	The Comprehensive Service Plan was distributed by L. Crommett for review, piloted on LK. How many goals are averaged under skills, knowledge, resources is not known at this time. D. Proffitt adds that the fundamental skills must be captured. Need to capture smoking, diabetes, and true rehab goals that are actively worked on.	Dr. Nelson will ask the physicians what	

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	<p>Either physician signs each pg, writes a progress note, or authenticates in some way. Working on computer version of this form. L. Crommett states that she would like to eventually incorporate this into the Kardex. The treatment plan review page will identify all who attend.</p> <p>Would like to change from NAP to GAP notes when she can. And would like to reorganize progress notes.</p>	<p>they prefer for signing.</p> <p>Dave and antire committee indorses all recommended changes.</p>	
<b>Smoking Recommendation Group</b>	Agenda in 2 weeks.		
<b>JCAHO Renewal</b>	Agenda in 2 weeks.		
<b>Adjourned 12:00</b>			